UNITED
NATIONS

A

General Assembly

Distr.
GENERAL

A/47/87
7 February 1992

ORIGINAL: ENGLISH

Forty-seventh session

SOCIAL DEVELOPMENT

Letter dated 6 February 1992 from the Permanent Representative of the United Kingdom of Great Britain and Northern Ireland to the United Nations addressed to the Secretary-General

I have the honour to transmit the text of the Final Declaration adopted at the Leeds Castle International Conference on the Prevention of Disability, organized by the International Initiative Against Avoidable Disablement (IMPACT) and held at Leeds Castle in the United Kingdom from 1 to 3 September 1991 (see annex).

I should be grateful if you would arrange to have the text of the present letter and its annex circulated as an official document of the forty-seventh session of the General Assembly under the item entitled "Social development".

(Signed) D. H. HANNAY

92-05874 3073e (E) 100292

/...

100292

ANNEX

Leeds Castle Declaration - 1991*

1. The Conference emphasizes that, in the next decade, at least 30 million people could be saved from disability through preventive action. If basic surgery were available, over 40 million disabled people in developing countries could have their sight, movement or hearing restored at a unit cost of between $15 and $40.

2. The decade which has passed since the first Leeds Castle Seminar on the Prevention of Disablement has witnessed the beginnings of this revolutionary change. The combined efforts of United Nations agencies, Governments, non-governmental groups, organizations of disabled persons and the IMPACT initiative hold clear promise for even greater advances in the control of disability over the next decade. Advances are possible in many fields, particularly in those of:

(a) Universal immunization utilizing currently available and new vaccines;

(b) Provision of essential nutrients such as iodine, vitamin A and iron;

(c) Safe motherhood;

(d) Alleviation of birth asphyxia;

(e) Community-wide programmes for parasitic disease control;

(f) Prevention and early treatment of middle ear disease;

(g) Improved treatment and prevention of leprosy;

(h) Prevention of injury;

(i) Reduction of the use of tobacco;

(j) Provision of basic surgery to restore sight, hearing and mobility.

3. This was the major conclusion of an international gathering of development experts, health administrators, clinical specialists, voluntary organizations and politicians, held at Leeds Castle, England, from 1 to 3 September 1991.

---

* This Declaration highlights certain important points to be elaborated in the full report of the Leeds Castle Conference, which will be published.

4. There have been many notable advances during the past decade. Immunization rates have improved remarkably. Advances in medical research hold great promise for new vaccines to prevent a wider range of disability-producing diseases. The Global Programme for the Prevention of Blindness is already a success story. There is excellent progress towards control of the four diseases (cataract, blinding malnutrition, trachoma and river blindness) which together cause two thirds of the blindness in the developing world.

5 The International Drinking Water Supply and Sanitation Decade, although short of its goal of universal coverage, is acting against important primary causes of disability.

6. These achievements were made possible by the adoption of a variety of flexible and innovative approaches and mark a turning point in mankind's fight against disability.

7. Global programmes are being planned for the coming decade against hearing loss, which affects some 70 million people, and in which middle ear disease is a major cause. A similar approach can be used in relation to certain forms of orthopaedic and neurological impairments, which together are estimated to incapacitate 160 million people.

8. Some 200 million people are afflicted by mental disabilities, the prevention of much of which could be achieved by two initiatives: (a) the better training of village midwives and the provision of inexpensive equipment for resuscitating newborns with birth asphyxia; and (b) the provision of iodine supplementation, where necessary.

The next decade

9. Despite these remarkable advances, the number of disabled people in the world continues to increase with population growth and ageing in developing countries and with ageing in industrialized countries. Other rapidly increasing problems include lung cancer and other disabilities caused by the spread of tobacco use, particularly in developing countries, and the AIDS pandemic. Unless decisive action is taken, the present number of disabled persons, estimated at no less than 500 million, could double during the next 40 years. Disability on that scale, at its worst in the poorest countries, represents a prime cause of deprivation and economic loss. The means for radically changing this situation exist and are highly cost-effective but still inadequately implemented.

10. In proposing an agenda of action to the year 2000, the Conference fully endorses the objectives and achievements of the United Nations Decade of Disabled Persons and the targets already set by United Nations agencies. The continuation and development of the role of the IMPACT initiative as a link between the United Nations system and the resources and managerial talent of the private sector were reaffirmed. Amongst specific proposals made by the Conference are the following:

(a) The establishment by the Government of each country of a 10-year national programme to prevent and, where possible, reverse avoidable disability. Such programmes should clearly indicate the priorities appropriate to that country's health problems and should be both realistic and sustainable;

(b) Recognition by aid agencies and reaffirmation by the United Nations family that the prevention of avoidable disability should be a prime objective of development policy, for which enhanced international resources should be made available. Prevention and control of disablement is an integral part of the development process, placing the human community not only at the centre of this process but as the prime mover;

(c) On the model of the Prevention of Blindness Programme, other global programmes should be rapidly developed for the prevention of loss of hearing, physical disability and mental retardation. Recognizing the multisectoral nature of such problems and the need for an interdisciplinary approach, the main thrust must be at the level of primary health, and every possible increase in efficiency should be secured by integration, linkages and shared use of staff, infrastructure and institutions;

(d) Disabled people and their organizations throughout the world should be fully consulted and encouraged to participate as essential partners in all action to prevent avoidable disability;

(e) Each country should establish policies for the numbers and training required of all forms of health personnel, with particular attention being paid to the most appropriate use of different levels of skills and to the integrated working of primary health care teams;

(f) In all interventions, it is essential that there should be an adequate infrastructure and good management to ensure that they benefit those in greatest need. The interventions should be monitored to confirm that they are effective and efficient and so that policies can be modified should that prove necessary;

(g) Medical research organizations should give increased priority to the control of causes of disability and to operational research to improve delivery of services and reduce their costs;

(h) Educational programmes and the media should be encouraged to alert public attention to the risk factors of disability and should remove misunderstanding and oppose discriminatory practices, which, too often, segregate disabled people.